

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Assisted Living Federation of America

ADDRESS (number and street) ▼

1650 King Street

Suite 602

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00338020

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

10

01

2015

10

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Maribeth Bersani

Signature of Treasurer

Ms. Maribeth Bersani

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

11

16

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015 | | 595995.93 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 644694.59 | |
| (c) Total Receipts (from Line 19) | 36967.62 | 277074.14 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 681662.21 | 873070.07 |
| 7. Total Disbursements (from Line 31) | 12763.90 | 204310.03 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 668898.31 | 668760.04 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period:

From:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | 0 | 1 | | 2 | 0 | 1 | 5 | | |

To:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | 3 | 1 | | 2 | 0 | 1 | 5 | | |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 30440.12 | 244021.64 |
| (ii) Unitemized | 6527.50 | 23052.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 36967.62 | 267074.14 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 5000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 36967.62 | 272074.14 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 5000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 36967.62 | 277074.14 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 36967.62 | 277074.14 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 763.90 | 57620.03 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 763.90 | 57620.03 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 12000.00 | 62000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 2690.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 2690.00 |
| 29. Other Disbursements | 0.00 | 82000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 12763.90 | 204310.03 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 12763.90 | 204310.03 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 36967.62 | 272074.14 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 2690.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 36967.62 | 269384.14 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 763.90 | 57620.03 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 763.90 | 57620.03 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Ken RoosMailing Address 1621 Euclid Ave
Ste 1500

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Cleveland | OH | 44115-2192 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OnShift

VP of Sales & Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 01 | / | 2015 |

Transaction ID : A21F77CFD68654D48AE2

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Liberty Stansberry

Mailing Address 2239 Avery Valley Dr

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Franklin | TN | 37067-5060 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Brookdale

SVP, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 04 | / | 2015 |

Transaction ID : ADF894B6FA0FE426AAFF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Charles Bagley Wright III

Mailing Address 919 Harvard Ave E

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Seattle | WA | 98102-4532 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Merrill Gardens

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 06 | / | 2015 |

Transaction ID : AA34C009F00A24FE998A

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Paul Chapman

Mailing Address 2121 Brentwood Dr

City

Houston

State

TX

Zip Code

77019-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Belmont Village

Occupation

EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

10 / 06 / 2015

Transaction ID : A7807A4C8BB06469696B

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Mark Woodka

Mailing Address 1621 Euclid Ave
Ste 1500

City

Cleveland

State

OH

Zip Code

44115-2192

FEC ID number of contributing
federal political committee.

C

Name of Employer

OnShift

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

10 / 06 / 2015

Transaction ID : AB1AF55BBDF324F688B2

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

c. Mr. Jeff DeBevec

Mailing Address 8554 Katy Fwy
Ste 200

City

Houston

State

TX

Zip Code

77024-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Belmont Corp

Occupation

Director of Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2015

Transaction ID : A6A4AE1FB142C490DBDB

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Hanson Bridgett, LLP

Mailing Address 435 Market St
FL 26

City State Zip Code
San Francisco CA 94105-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

MM / DD / YYYY
10 / 08 / 2015

Transaction ID : A62DB51FB6CC24D08B1C

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

B. Mr. Glenn Maul

Mailing Address 1092 Millwood Ct

City State Zip Code
Brentwood TN 37027-8478

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Brookdale Senior Living-NA

EVP, Chief People Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : A875CBA407F814E9989B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Peter Saunders

Mailing Address 1020 S Wabash Ave
Apt 6G

City State Zip Code
Chicago IL 60605-2274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Brookdale-N/A

VP Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : A0CD9CC25B724438F8E2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Ann Schumacher

Mailing Address 19059 Kahala Dr E

City State Zip Code
 Galveston TX 77554-8631

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Belmont Village Senior Living

Occupation
 CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2015

Transaction ID : AF7FF9131121F45ED891

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Douglas A. Lessard

Mailing Address 1406 Aston Park Dr

City State Zip Code
 Houston TX 77055-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Belmont Village Senior Living

Occupation
 COO/EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2015

Transaction ID : A4781ED4095144FE28D4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Anne Deminico

Mailing Address 2 New Water St.

City State Zip Code
 Middleboro MA 02346-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Benchmark Senior Living

Occupation
 Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 14 / 2015

Transaction ID : A31CCD8F57F9B4E68860

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Mr. Chris Guay

Mailing Address 9510 Delamere Creek Ln

City

Brentwood

State

TN

Zip Code

37027-2239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brookdale Senior Living

Occupation

Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 15 / 2015

Transaction ID : A1B23EE578485435CA14

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Ms. Maribeth Bersani

Mailing Address 320 S West St
Apt 404

City

Alexandria

State

VA

Zip Code

22314-5943

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALFA

Occupation

Vp Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.38

Date of Receipt

10 / 16 / 2015

Transaction ID : AEBD7B936AA344CBC90D

Amount of Each Receipt this Period

272.73

Full Name (Last, First, Middle Initial)

C. James Balda

Mailing Address 1650 King St
Ste 602

City

Alexandria

State

VA

Zip Code

22314-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALFA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3913.02

Date of Receipt

10 / 16 / 2015

Transaction ID : A4EC1560193B74B048BD

Amount of Each Receipt this Period

217.39

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1990.12

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Anne Deminico

Mailing Address 2 New Water St.

City State Zip Code
 Middleboro MA 02346-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benchmark Senior Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : AA5A0A10E3F2D4F2885D

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Randall Cyphers

Mailing Address 14591 SE Hemmen Ave

City State Zip Code
 Clackamas OR 97015-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brookdale Senior Living

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : AFBFC04E4FC6D497DBD5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Randy Richardson

Mailing Address 1041 West Wellington Ave.

City State Zip Code
 Chicago IL 60657-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vi Living

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : A043D2E1C5DFF471EBB4

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Mr. John Cincotta

Mailing Address 700 12th Ave S
Unit 1508

City State Zip Code
Nashville TN 37203-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brookdale-N/A

Occupation

SVP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2015

Transaction ID : A847D66909880404AA7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Pamela Engle

Mailing Address 476 Avon River Rd

City State Zip Code
Franklin TN 37064-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brookdale Senior Living

Occupation

VP Total Rewards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 27 / 2015

Transaction ID : A243994D86430431DAE3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul Nigro

Mailing Address 16 Ironwood Ln

City State Zip Code
Brentwood TN 37027-8952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brookdale

Occupation

SVP, Integration Office and CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2015

Transaction ID : AB8124DD9B23D47F3BD9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Stephen Brollier

Mailing Address 5421 Candlewood Dr.

City State Zip Code
Houston TX 77056-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Belmont Village Senior Living

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2015

Transaction ID : A611347C591C3422B87F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. George Hicks

Mailing Address 111 Westwood Pl
Ste 400

City State Zip Code
Brentwood TN 37027-5057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brookdale Senior Living-NA

Occupation

EVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 27 / 2015

Transaction ID : AF77CB12BE08C47DBAFC

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mr. Moulay Elalamy

Mailing Address 77 Prides Crossing Rd

City State Zip Code
Sudbury MA 01776-2812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benchmark Senior Living-N/A

Occupation

Vice-President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 29 / 2015

Transaction ID : A7222D64A46D84234BBE

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Leslie White

Mailing Address 8554 Katy Fwy
Ste 200

City Houston State TX Zip Code 77024-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Belmont Village Senior Living

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : AAD202D76D8C34D20B78

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Sue Farrow

Mailing Address 3520 Ridgcrest Dr

City Carlsbad State CA Zip Code 92008-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integral Senior Living-N/A

Occupation
Founder/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : A75172DE1326748A9B58

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Mr. Shaun Lynch

Mailing Address 296 W 3rd St
Unit 1

City Boston State MA Zip Code 02127-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benchmark Senior Living-N/A

Occupation
Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : AE6DCD65C7E164D1EA70

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

3750.00

TOTAL This Period (last page this line number only)..... ►

30440.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 17

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave NW

City
WashingtonState
DCZip Code
20005-2134Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 31 2015
Transaction ID : B277298DA3D41429E9D6

Amount of Each Disbursement this Period

763.90

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

763.90

763.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City
New HavenState
CTZip Code
06511-6311Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Rosa L. DeLauroOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 26 | | 2015 |

Transaction ID : BE68040829B3B4A0AB4D

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. COTTON FOR SENATE

Mailing Address PO BOX 379

City
DardanelleState
ARZip Code
72834-0379Purpose of Disbursement
Contribution to a Fed Committee

Candidate Name

Sen. Tom CottonOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 16 | | 2015 |

Transaction ID : BA2A54BAD5090476EA3D

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City
BakersfieldState
CAZip Code
93389-2667Purpose of Disbursement
Contributions to FED Committee

Candidate Name

Rep. Kevin McCarthyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 02 | | 2015 |

Transaction ID : B3D3A03EDE82D468F970

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 6000.00 |
|---------|

| |
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| |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. PERDUE FOR SENATE

Mailing Address 3110 MAPLE DRIVE NE

| | | |
|-----------------|-------------|------------------------|
| City Atlanta | State GA | Zip Code 30305-2650 |
|-----------------|-------------|------------------------|

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. David A. Perdue Jr.Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 26 | | 2015 |

Transaction ID : B6901E413BE4C4E2B985

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. THOM TILLIS COMMITTEE

Mailing Address PO BOX 97396

| | | |
|-----------------|-------------|------------------------|
| City Raleigh | State NC | Zip Code 27624-7396 |
|-----------------|-------------|------------------------|

Purpose of Disbursement
Contributions to FED Committee

Candidate Name

Sen. Thom R. TillisOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 05 | | 2015 |

Transaction ID : B9BF55D1701F54FF08DA

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. ROCK CITY PAC

Mailing Address 1015 Stonebridge Park Drive

| | | |
|------------------|-------------|-------------------|
| City Franklin | State TN | Zip Code 37069 |
|------------------|-------------|-------------------|

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2015

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 05 | | 2015 |

Transaction ID : B67AD2C9911EF4F38B71

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 6000.00 |
|---------|

| |
|----------|
| 12000.00 |
|----------|